

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
1						
2						
3						
4						
5						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.	77					
TOTAL CLAIMS	78	██████	██████	██████	██████	██████

	CID	DEP	CID	DEP	CID	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		██████	██████	██████	██████	██████